

STATE OF CALIFORNIA  
OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT (OEHHA)  
**REGISTERED ENVIRONMENTAL ASSESSOR I (REA I)**  
**REINSTATEMENT (INACTIVE WITHIN 5 YEARS) APPLICATION FORM**

Information on this form must be typed or neatly printed in ink. "See attached" and resumes are not acceptable in lieu of completing this form. Attach a \$50 (fifty dollar) nonrefundable application review fee (check, money order, or credit card authorization) payable to OEHHA/REA I.

PREVIOUS NUMBER: REA - \_\_\_\_\_

**SECTION 1**

**Dr.** (Select one)

NAME: \_\_\_\_\_  
(First) (M.I.) (Last)

POSITION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS:

OEHHA will use the address provided here for all correspondence, and will list this address on the REA website.

The following is a business address ☐ home address ☐.

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: ( ) - ext. Fax: ( ) - ext.

E-Mail Address: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Refer to the attached Information Collection, Access and Disclosure Statement. Disclosure of your social security number is mandatory. Your social security number will be used exclusively for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code and compliance with 8 United States Code sections 1621, 1641, and 1642.

United States Citizen (If no, please provide copy of resident alien card) Yes ☐ No ☐

## SECTION 2 - Criminal Record

In the past five years have you:

(i)	been disbarred, suspended, reprimanded, censured, disqualified or otherwise disciplined as a member of any profession or holder of any public office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii)	voluntarily surrendered a professional license or certification, or had one denied, revoked or suspended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii)	been subject to professional disciplinary proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iv)	been convicted of a crime, including a felony or misdemeanor involving an act of moral turpitude? (Conviction of a crime includes a plea or verdict of guilty or a conviction following a plea of nolo contendere.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(v)	knowingly made a false statement regarding a material fact in connection with an application for registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(vi)	had a civil judgment against you for professional errors, negligence, incompetence or professional malpractice in the conduct of your business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(vii)	had a civil judgment against you for an action involving fraud, deceit, misrepresentation or forgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answer yes to any question, explain the circumstances, in detail, on a separate sheet and include date, location, plea, penalties, and current status.

## SECTION 3 – Registry Designation

Do you want to be contacted by potential employers for environmental assessment work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the owner, part owner or sales representative of a business that manufactures or distributes hazardous substance or hazardous waste management technology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## SECTION 4 - Employment History

Begin with your most recent employment. List each **full-time** position you have held **within the last five years** that relates to your general field of expertise (attach additional sheets if necessary). In Section 5 you will describe what work you performed and how that qualifies you for reinstatement with the REA Program.

Employer Name		
Position	Supervisor Name/Title	Phone No. ( ) - ext.
Employer Mailing Address (Number, Street, City, State, and Zip Code)		
From/To (Month/Year)		
From ____ / ____ To ____ / ____		Total Months of Qualifying Experience: ____
Employer Name		
Position	Supervisor Name/Title	Phone No. ( ) - ext.
Employer Mailing Address (Number, Street, City, State, and Zip Code)		
From/To (Month/Year)		
From ____ / ____ To ____ / ____		Total Months of Qualifying Experience: ____

### SECTION 5 - Specific Environmental Assessing Experience

Describe your specific environmental assessing experience over the last five years. To reinstate your registration, you must have substantial experience in environmental assessment of hazardous substances and/or hazardous waste management. **Be specific as to the hazardous substances or waste involved.** Include dates (month/year) for the experience described (attach additional sheets if necessary).

From/To (Month/Year) From ____ / ____ To ____ / ____	Total Months of Qualifying Experience: _____
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From/To (Month/Year) From ____ / ____ To ____ / ____	Total Months of Qualifying Experience: _____
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## SECTION 6 - Areas Of Expertise

Describe your specific areas of expertise. Provide an overview of your environmental assessing expertise by describing a particular project in which you were involved. Emphasize your experience and **be specific about the types of hazardous substances and/or hazardous wastes involved**. Include dates (month/year) for the experience described. NOTE: The experience you describe below must have been acquired within **the last five years**. Provide one description for each area of expertise you have identified. (Additional space is available on the next page.)

Please check internal code number for all areas of expertise that apply and enter the appropriate code numbers again for each area of expertise you claim and describe below:

- ☐ **00** Environmental Site Assessment
- ☐ **01** Air Emissions Assessment, Prevention, Monitoring and Control
- ☐ **03** Emergency Preparedness and Response
- ☐ **12** Surface and Groundwater Contamination Assessment, Prevention, Monitoring and Control
- ☐ **15** Generator Waste Disposal, Recycling, Reduction, Storage, and Treatment
- ☐ **21** Occupational Health and Safety Reviews
- ☐ **23** Risk Assessment and Risk Reduction Recommendations
- ☐ **25** Soil Contamination Assessment, Prevention, Monitoring and Control
- ☐ **27** Underground Tank Checks and Removal
- ☐ **29** Other Areas of Expertise relating to Hazardous Substances and/or Hazardous Waste Management

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<b>Subitem</b> _____	<b>Project Title:</b> _____	From/To (Month/Year) From ____ / ____ To ____ / ____
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Brief Description of Project:

### Hazardous Substances and/or Hazardous Waste Involved:

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<b>Subitem</b> _____	<b>Project Title:</b> _____	From/To (Month/Year) From ____ / ____ To ____ / ____
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Brief Description of Project:

### Hazardous Substances and/or Hazardous Waste Involved:

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<b>Subitem</b> _____	<b>Project Title:</b> _____	From/To (Month/Year) From ____ / ____ To ____ / ____
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Brief Description of Project:

### Hazardous Substances and/or Hazardous Waste Involved:

## SECTION 6 - Areas Of Expertise - Continued

Describe your specific areas of expertise. Provide an overview of your environmental assessing expertise by describing a particular project in which you were involved. Emphasize your experience and **be specific about the types of hazardous substances and/or hazardous wastes involved**. Include dates (month/year) for the experience described. NOTE: The experience you describe below must have been acquired within **the last five years**. Provide one description for each area of expertise you have identified.

Subitem \_\_\_\_\_ Project Title: \_\_\_\_\_ From/To (Month/Year)  
From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Brief Description of Project:  
\_\_\_\_\_

**Hazardous Substances and/or Hazardous Waste Involved:**  
\_\_\_\_\_

Subitem \_\_\_\_\_ Project Title: \_\_\_\_\_ From/To (Month/Year)  
From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Brief Description of Project:  
\_\_\_\_\_

**Hazardous Substances and/or Hazardous Waste Involved:**  
\_\_\_\_\_

Subitem \_\_\_\_\_ Project Title: \_\_\_\_\_ From/To (Month/Year)  
From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Brief Description of Project:  
\_\_\_\_\_

**Hazardous Substances and/or Hazardous Waste Involved:**  
\_\_\_\_\_

Subitem \_\_\_\_\_ Project Title: \_\_\_\_\_ From/To (Month/Year)  
From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Brief Description of Project:  
\_\_\_\_\_

**Hazardous Substances and/or Hazardous Waste Involved:**  
\_\_\_\_\_

## SECTION 6 - Areas Of Expertise - Continued

Describe your specific areas of expertise. Provide an overview of your environmental assessing expertise by describing a particular project in which you were involved. Emphasize your experience and **be specific about the types of hazardous substances and/or hazardous wastes involved**. Include dates (month/year) for the experience described. NOTE: The experience you describe below must have been acquired within **the last five years**. Provide one description for each area of expertise you have identified.

Subitem \_\_\_\_\_ Project Title: \_\_\_\_\_ From/To (Month/Year)  
From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Brief Description of Project:  
\_\_\_\_\_

**Hazardous Substances and/or Hazardous Waste Involved:**  
\_\_\_\_\_

Subitem \_\_\_\_\_ Project Title: \_\_\_\_\_ From/To (Month/Year)  
From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Brief Description of Project:  
\_\_\_\_\_

**Hazardous Substances and/or Hazardous Waste Involved:**  
\_\_\_\_\_

Subitem \_\_\_\_\_ Project Title: \_\_\_\_\_ From/To (Month/Year)  
From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Brief Description of Project:  
\_\_\_\_\_

**Hazardous Substances and/or Hazardous Waste Involved:**  
\_\_\_\_\_

Subitem \_\_\_\_\_ Project Title: \_\_\_\_\_ From/To (Month/Year)  
From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Brief Description of Project:  
\_\_\_\_\_

**Hazardous Substances and/or Hazardous Waste Involved:**  
\_\_\_\_\_

## SECTION 7 – References

Provide the names of three professional references. For each reference, list his or her full name, place of employment, address and telephone number and email address. Failure to provide current telephone numbers at which your references can be reached may delay the processing of your application. References must be your current or past employers, supervisors, clients, or a professional colleague at an equal or higher level, and must be able to attest to your technical competency, professional integrity/ethics and knowledge of environmental regulations.

Name

Company

Address

(Zip Code) -

Telephone No. ( ) - ext.

Email Address

Name

Company

Address

(Zip Code) -

Telephone No. ( ) - ext.

Email Address

Name

Company

Address

(Zip Code) -

Telephone No. ( ) - ext.

Email Address

## SECTION 8 – ACKNOWLEDGMENT ALL APPLICANTS MUST SIGN BELOW

Any person willfully providing false information may have his or her application denied. The applicant hereby certifies that he/she has read and understands the foregoing statement and that all information provided herein is accurate and truthful.

I declare under the penalty of perjury under the laws of the State of California that the information contained in this application, as well as any other documents submitted in support of this application, is true and correct.

Applicant's Signature

Date Executed

Applicant's Printed Name and Title

Executed in the County of

## INFORMATION COLLECTION, ACCESS AND DISCLOSURE STATEMENT

The Information Practices Act, (Civ. Code § 1798.17), requires the following information to be provided when collecting information from individuals.

**AGENCY NAME:**

California Environmental Protection Agency  
Office of Environmental Health Hazard Assessment (OEHHA)  
Registered Environmental Assessor (REA) Program

**TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:**

Deputy Director  
Administration and Support Program

**ADDRESS:**

P.O. Box 4010, Sacramento, CA 95812-4010

**TELEPHONE NUMBER:**

(916) 324-6881

**AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:**

Section 25570.3, Chapter 6.8, Division 3, of the State Health and Safety Code.

**THE CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:**

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**THE PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:**

The information requested will be used to determine qualifications for registration, licensure, or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

**ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:**

Your completed application becomes the property of the agency and will be used by authorized personnel to determine your eligibility for registration. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code § 6250 et seq.) and the Information Practices Act (Civ. Code § 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

**SOCIAL SECURITY NUMBER DISCLOSURE**

Disclosure of your social security is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. section 405(c)(2)(C)] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**Individuals have the right to review their own files or records maintained by the agency, unless the records are exempt under section 1798.40 of the Information Practices Act. You may gain access to the information by contacting the REA Program at the above address.**







California Environmental Protection Agency  
Office of Environmental Health Hazard Assessment  
Registered Environmental Assessor I (REA I) Program



**P.O. Box 4010**  
**Sacramento, CA 95812-4010**  
**Phone: (916) 324-6881**  
**Fax: (916) 324-1379**

**AUTHORIZATION FOR PAYMENT BY CREDIT CARD**

<b>PREVIOUS REA NUMBER:</b> _____	<b>CHECK APPROPRIATE BOX:</b>  \$ _____ <b>Amount authorized</b>   <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> VISA                      Master Card                      American Express                      Discover /NOVUS Cards
<b>Name</b> (First)                      (M.I.)                      (Last)	Card No.: _____ Expiration Date: ____/____
<b>Mailing Address</b> (Number, Street, and Apt./Suite)	
(City)                      (State)                      (ZIP Code)	<b>Printed Cardholder Name</b> (First)                      (M.I.)                      (Last)
(Area Code) <b>Phone #:</b> (    )                      -                      ext.	<b>**Cardholder Signature</b> <b>Date Signed</b>

**\*NO REFUNDS WILL BE ISSUED FOR THE \$50 APPLICATION REVIEW FEE**

**\*\*No credit card payments may be authorized unless the cardholder's signature is present and has been dated.**